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The Good Soldier: A Look into the Stigma and Stereotypes of the US Military

Riley Margaret Bachmann

Director of Thesis: Dr. Catherine Keyser

Second Reader: Michelle Vitelli

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ABSTRACT

“The Good Soldier: A Look at the Stigma and Stereotypes of the US Military” examines the stigma associated with mental health as well as gender stereotypes and bias in the United States military. It uses my personal experience in the Air Force Reserve Officer Training Corps program as well as research to show the institutionalization of stigma and stereotypes. The purpose of this thesis is to spread awareness and question why this stigma exists. I will find correlations between mental health and stereotypes and their overlap as a service member in the military. My personal memoir coupled with research on stigma and stereotypes will create a powerful message that there are institutional problems within the military, but change can happen.

INTRODUCTION

In January 2022, I was medically disqualified from Air Force ROTC on the grounds of depression, anxiety, and suicidal ideation. I began to question the military organization and if its ideals matched my own. I lost sight of myself and who I wanted to be as a leader because my idea of a good leader didn't align with the Air Force's. I fought the disqualification for nine months without success but have come to terms with the Air Force's decision. It has pushed me to not be ok with the institutionalized stigma and bias. The first step in "fixing" it is to spread awareness.

Per the Department of Defense, the mission of the military is "to provide the military forces needed to deter and win wars and to protect the security of our country and our allies." To accomplish this mission, the military needs people. It takes a certain type of person to serve in any branch of the United States military. It takes someone who is courageous, willing, dedicated, determined. The list goes on. Anybody who understands the risks associated with service and is still willing to sacrifice their life for their country is a soldier.

The military is a career full of reward and honor, however, it is important to address that those rewards don't come without sacrifice. Service members spend countless days away from family, are put in dangerous environments, must navigate being a leader to a wide range of people, and more. It is a very dynamic job and there is no one right way to do it. They are expected to accomplish their mission and with this comes the expectation that they are strong individuals who can handle anything thrown at them. The military has created the idea of a robotic individual. This individual will not let their emotions cloud the mission. The Air Force says "mission first, people always." The military cares about its people and can be

accommodating, but when choosing between their people and the mission, the mission trumps all. Mental health is cast aside and seen as a weakness.

The risks associated with service have shaped military culture into a warrior culture. The military has their idea of the perfect soldier. There is an institutionalized stereotype on what that soldier should look like, how they should act, and how they should lead. Attributes of a person have been separated into two groups: masculine and feminine. The characteristics of a leader are seen as more masculine attributes. These include confidence, discipline, respect, intelligence. Empathy and compassion are important characteristics of a leader but are considered more feminine and therefore are not as prominent. Women in the military are often seen as inferior and weaker leaders. Many believe they come into leadership positions solely based on gender, not merit. This tokenism, the use of one person representing a whole group, only further reinstates stereotypes and bias within the military. Female service members are overlooked, discriminated against, and are often victims of harassment because their male counterparts view themselves as superior and therefore may act as such.

In my thesis, I will use research combined with my personal experiences to highlight the mental health stigma, stereotypes, and gender bias the military exhibits. In highlighting these subjects, I hope to shed light on the broken system that the military has become. This broken system stems from the top and spreads a consistent message that unconsciously discriminates against mental health and gender. The stereotypical leader is a strong, confident male which devalues certain attributes, such as empathy and compassion, that are important in leadership. The feeling of inferiority may lead to mental health problems. Many service members are scared to address mental health issues for fear of losing their career. These are people that are willing to lay down their lives in service, but mental health problems, that began after joining the military,

interfere with their career and penalties emerge with any attempt to receive proper assistance.

The cycle needs to end. The purpose of this thesis is to address the institutional problems within the military, specifically mental health stigma and gender bias, using research and my personal experience.

PERSONAL MEMOIR

I am the oldest of three kids. For as long as I can remember I have been the one who has everything together. I am the reliable one. The child no one has had to worry about. My family has always joked that I would attend Harvard and become a rocket scientist. They thought highly of my abilities and intellect, but I never thought of myself as smart. I do what needs to be done, and I make sure the work I do is up to my standards. I am a perfectionist and consider myself more hard working than smart. I am responsible, dedicated, organized, and independent.

My parents divorced when I was nine years old. The perfectionist traits in me were put into hyperdrive. As my mother worked as a guidance counselor at three different elementary schools, I became a caretaker for my younger sister and brother. I would wake them up, prepare them for school, and get them on the bus. I felt as if I lost my childhood being forced into adult situations and decisions. “Golden child” status kept people off my back, and the assumption of stability caused me to bury my emotions deeper. I sometimes couldn’t manage my emotions and they would explode, like when a pot boils over with water.

I have always been good at keeping my feelings to myself. I have always been able to power through any struggle in life. I was the one that had everything together; there was no room for error. There was no room for emotion or breakdowns.

It wasn’t until the summer of 2021 where things began to change, and I started to slip. It became clear that I had lost control. I became the center of everyone’s worries. This was the first time I realized the importance of mental health.

It is ironic because although I was the one who had everything under control, I didn’t have a clue what I wanted to do with my life. I never found a dream job growing up. I stayed focused on the present and hoped my future would fall into place. That day finally came during

my senior year of high school when my dad told me about ROTC, the Reserve Officer Training Corps. Each branch of the military has an ROTC program. It is a college program where students can attend civilian university while completing training requirements to commission as an officer in the branch of their choosing.

My dad, a retired Naval officer of 22 years, enlisted in the Navy right after high school, and attended college with a Navy ROTC scholarship. It paid for his college education in exchange for four years of service.

My dad constantly talked about how he wanted me to apply for the scholarship. For me, it no longer felt like a choice. He told me to apply for Air Force ROTC because it provides a better quality of life. I was completely against the idea. I could not see myself joining the military, especially after seeing what it did to my family. Between the desire to please everyone and the aggravation from my dad, I decided to apply for the scholarship. I advanced to the second round of the application process where I had to interview with an Air Force officer. I was terrified because I knew one of the questions would be “why do you want to join the Air Force” and I knew full well that I didn’t. The desire to make my dad proud allowed me to formulate the perfect answers. The next month I received the Air Force ROTC Type 7 scholarship which allowed me to go to any in state institution for free, in exchange for four years of service upon graduation. I accepted the scholarship and I committed to the University of South Carolina and its Honors College pursuing a Bachelor’s in chemistry.

AFROTC is a four-year program, and each year is dedicated to a different learning objective. Freshmen year is known as IMT, initial military training, and is an introductory year. Cadets are taught basic military customs and courtesies and learn how to be a good follower. Sophomore year is known as FTP, field training prep. Cadets are expected to have the customs

and courtesies down pat by this point and are put into leadership roles. We are taught different leadership styles and encouraged to find which one suits ourselves. Cadets are preparing for field training the following summer. Field training is a 2.5 weeklong boot camp where cadets are evaluated on their leadership skills. Upon returning from field training for their junior year, cadets become POC, professional officer corps. The juniors and seniors in the AFROTC program are responsible for training the underclassmen. They plan everything and work close with cadre to ensure that all learning objectives are met. The upperclassmen are assigned jobs each semester which help prepare them for active duty.

I was intimidated by how real the program was when I came in as a freshman. A lot of my classmates treated AFROTC as a club. It was as if they didn't think they were going to commission into the military. I, however, poured my heart and soul into the program. I was timid as a freshman, and barely anybody knew my name because I didn't want to talk. What I lacked in confidence I made up for in intelligence. A big part of AFROTC is showcasing all that know. My fear of drawing attention to myself held me back from my full potential and I would often be ranked in the middle of my class. As a perfectionist this dampened my spirits. I didn't realize how important rankings were in the military. We were constantly being evaluated and ranked accordingly.

The worst happened when the coronavirus was spreading throughout the United States and the pandemic began. During our spring break we were told that we were not able to come back to school and had to finish out the year online. Online AFROTC was difficult. We didn't get to finish learning a lot of things that were impossible to do over zoom, such as marching and command presence. Instead, we had a lot of conversations about what was to follow in sophomore year. It was then that I learned that not every cadet made it to field training, and if a

cadet didn't get a slot for field training, they wouldn't be able to continue in the program. This lit a fire in me that I didn't know I had.

When we returned for sophomore year everyone was nervous. We knew the stakes were higher and that the pressure was on. I knew that if I wanted to continue in this program, I would have to show my full potential. I decided to change my mindset. Although I studied and put effort into AFROTC freshmen year, it wasn't because I wanted to. I just refuse to give anything less than my best. Something changed inside of me starting sophomore year. I became more confident in myself, and I liked the person that I was becoming. I liked being a part of something bigger than myself. I liked leading people and helping them realize their own true potential. I liked that my organization and dedication were no longer character traits, they were important skills. I knew that I was meant to be in this program. It was no longer something I had to do; it was something I wanted to do.

I was placed in leadership positions almost every week sophomore year. I was given the opportunity to showcase my skills, and I made sure that I took advantage of that. We were put in high stress situations to see how we would respond to pressure. A lot of people ended up leaving the program, but I stepped up to the plate. It was as if I was a different person. I would have never thought I'd end up being someone people looked up to, but I was. One of my cadre members, Captain Holyfield, had said that I was ranked in the middle freshmen year, but that I skyrocketed to being in the top three of the class during sophomore year. She called me a star.

In April 2021 I earned a slot to field training. There was a 64% acceptance rate. I had friends who didn't make it, and that made everything become more real. I was nervous for field training; I had been nervous ever since learning about it when I was offered the AFROTC scholarship. But I was told that I would do great. If I could do FTP year than field training would

be a breeze. I found out that I wouldn't leave for field training until July 13th. I decided to put it in the back of my head because there was plenty of time before the day arrived.

That summer after sophomore year was dedicated to work and field training. I got a nannying job and I worked full-time hours Monday through Friday. I was super focused on making money to sustain myself. Unlike a lot of my friends, I paid for everything. It's one of the reasons I am so responsible and high strung. My friends from school and AFROTC lived out of state, so when I did have free time, it was mostly spent alone.

The two weeks leading up to field training I started preparing. I packed my duffel bag, unpacked it, and repacked it close to ten times during those final moments at home. I read my field training manual cover to cover a few times a week. Friends called and told me about their overall experience. Hearing about their experiences had their pros and cons. On one hand, I was grateful to have an idea about what I would have to go through. On the other, when you hear about other people's experiences it creates standards in your head. It creates room for disappointment, and that is exactly what happened.

On July 13th my mom dropped me off at Charleston International Airport and I spent two hours reading my manual and texting my boyfriend, Alex. I met him at school in AFROTC and he was scheduled to attend the same field training as me. It was nice to know we would be there together even if we wouldn't see each other. People from the same school are never grouped together. The officers at field training want you to branch out and meet new people from across the country. It is also another obstacle working with people you have never met.

I flew from Charleston to Charlotte to New Orleans. From New Orleans we took a bus to Camp Shelby, Mississippi. It was a two-hour bus drive full of anxiety and silence. It was a funny feeling. Everyone knew what was coming, but we also didn't at the same time. When preparing

for field training, we are not allowed to know everything that happens, just the bare minimum. As a perfectionist and a control freak, that was terrifying. From the minute I stepped on that bus I was counting down the days, but I kept telling myself I had this. My dad called it a game. He said they are trying to get under your skin. They want you to squirm. None of it is real. I just kept saying to myself, it is only a game. Some game it turned out to be.

Murphy's Law says that whatever can go wrong will, and that is exactly what happened to me. When I arrived at Camp Shelby, I found out I was on the fourth floor. That meant 2.5 weeks of running up and down four flights of stairs to meet a time hack. Carrying my duffel bag and backpack up those stairs on the first day set the tone for my experience: it would be an uphill battle.

We lived in bays of 20 girls, and two bays were assigned to a bathroom. 40 girls. 5 bathroom stalls. 8 showers. 4 sinks. 17 minutes to get ready in the morning. I felt the grossest I had ever been for those 2.5 weeks. It also came to my attention that my bay was different from the rest. We were referred to as "orphan bay." Normally, each bay was assigned to a squadron. That meant that everyone that lived in a particular bay would be in the same squadron, but different flights. Regardless, they'd be on the same schedule and see each other often. This allowed people to feel more comfortable and make close relationships. In orphan bay, we were all split up amongst the different squadrons. Additionally, we had the "left over" officers. They didn't have work to do at the time or they were bouncing between positions and would get assigned to our bay. There were many nights where an officer wouldn't come in to turn out the lights or check our feet for blisters. We were the forgotten ones.

2-3 girls were assigned to each squadron, so we were all on different schedules. We rarely saw each other. This created issues within our bay. Cliques started to form, and we never

clicked as a team. The Air Force likes to use the word “individual” as an insult. If we didn’t make it back to our bay in time from lunch, we would hear “stop being a bunch of individuals!” or “do you even want to be here?” The times we would succeed, the bar would get raised and we would fail the next day.

For the first week of field training, we stayed with our bays. At the start of the second week, we were separated into flights where we got to intermingle with new people. Although the beginning of field training was tough I was making the most of the positions I was given. I was helpful and talkative within the flight. The one time I was put in command I thought two steps ahead, but the officer in charge didn’t appreciate this quality and found ways to knock me down. Every night I would journal for thirty minutes and write about how much I wanted to go home. I would write about how the only moments of joy was when I got to eat grits at 0500 for breakfast or when I would spot Alex running and he’d risk smiling at me. My self-esteem only worsened when the officer in charge of my bay said that I was ranked between the bottom and middle of the bay. She said that I was intelligent and willing to help but that I floated to the background. That was a blow, especially considering I was at the top of my game just before field training. I was hoping that things would start to look up when we got into our flights, and then I heard his voice. Somehow Alex was put into the same flight as me. Hearing his voice during the craziness was like finding a light at the end of a long tunnel. I am not sure how it happened, but something knew I was struggling and needed an extra push.

The real evaluations started once we were put into our flights. We were evaluated on our command presence during marching. We also completed a leadership reaction course. Each cadet oversaw a small group, and the goal was to complete the mission/obstacle. Finally, each cadet was put in command of a battle scenario. These were the things we prepared for all of sophomore

year. I thought I was ready. I thought I was prepared. I thought I knew what I was doing, but it seemed like everyone else knew it better. Everyone else was so confident. They knew how to maneuver in battle scenarios. The guys were tall and loud, and it demanded respect from the group. I am short and soft spoken. Although I know what I'm doing, my quietness was confused for timidity. When it was my turn to lead a battle scenario, everything went wrong. The group we were supposed to "fight" never showed up, so my flight wandered aimlessly for 20 minutes. An officer was just creating random scenarios that I had to respond to so that we would have something to do. It felt like a disaster. I was so disappointed in myself. The walk back to base I began to cry. I was having a panic attack. I could feel the judgment from everybody. I felt like I didn't belong there. Alex could read my body language and he was able to talk to me briefly during a water break. If it wasn't for that two-minute conversation, I would have opted out and flown home.

I am not a quitter, but I hated the feeling of failure. I hated being on the bottom. I hated that the military had made me want to stop pursuing something I had started to fall in love with. The last few days of field training were long and hard. After two weeks of waking up at 0400 and being in the hot Mississippi sun all day, I was ready to go home. The day of graduation we were given final feedback from the officers in charge of our flight. He told me that I was extremely intelligent, that I knew procedures like the back of my hand. He said that I was compassionate and that it was obvious how much I cared about my team. Hearing those words lifted my spirits. Maybe I wasn't a complete failure after all. Then he said that I was ranked in the bottom third of the flight. I was confused. Was everything he said not positive? How did I rank so poorly? But the military has a stereotype. I wasn't the charismatic and loud male. I knew that was what these officers were looking for, but I didn't want to change myself and my

leadership style just to please them. After hearing that I wasn't what the military wanted I was even more ready to go home.

It was hard being home and pretending like everything went smoothly. My parents knew that I was doing well at school, so they assumed I would have nothing to worry about at field training. I didn't want to go into details about how much I hated it. I didn't want to talk about the fact that if the military was as degrading as it was there that I didn't think I wanted to continue to pursue a career in it. I didn't want to disappoint my parents, and I didn't want to lose my scholarship. I pushed the feelings of doubt deep inside. I figured that things would get better when I'd be back at school with all my friends. Unfortunately, that wasn't the case.

Everybody was looking forward to sharing their field training stories. Some people were super close to the people in their bay. They called them family. Others performed well in their scenarios, and it went perfectly. Some went as far as to say that they would go back to field training. I was so confused. It felt like I went to a different encampment than everyone else. I didn't have any of these positive experiences that they were describing. I felt like a fraud.

My honors English class discussed the theme of imposter syndrome in novels. After learning more about imposter syndrome, it was the perfect way to describe what I was feeling. I was faking my confidence to everyone. I pretended like all went well for those 2.5 weeks. I was acting like I still wanted to be here.

Each cadet went over their field training report with Captain Holyfield once the new school year started. It was then that I learned just how bad I did. I was ranked 500/570 cadets. I went from the top of my game to the bottom. My commander, Lt Col Steinfort, had asked what happened. Everyone was shocked to hear how poorly I performed. I broke down during that meeting. I couldn't keep the tears at bay any longer. I remember trying to be composed then

saying, “my mental health has been bad since returning because of awful it was.” This was the first time I spoke about my feelings. I was reassured by cadre that field training did not matter. Nobody remembers their performance once they reach active duty. Captain Holyfield tore up my record right in front of me just to prove how irrelevant it was. She gave me the push I needed to start the semester.

I was assigned to be a flight commander for my first job as a POC. This meant that I was responsible for the training of a group of freshmen cadets. This is one of the most important jobs in AFROTC. As a flight commander you are the person cadets connect with. You set the tone for their college career in AFROTC. There is a lot of pressure because you are not just responsible for your own tasks but also for the fifteen freshmen that have no idea what they’re doing. I was excited for the job. It meant that people trusted me with such a daunting and important role. But that little voice in the back of my head was not happy for me. It kept saying how I would fail. That I was in no position to be teaching or giving advice. It was affecting my attitude while around my cadets. I was stuck in a vicious cycle. I would start strong, become doubtful, become dull, get mad at myself for acting this way, and repeat. On top of being a flight commander, I was taking a difficult course load, it was my first year living off campus, it was my sister’s freshmen year at UofSC and I was expected to watch over her, and I was also in charge of fundraising for the AFROTC program. I had a lot on my plate, but I was always the person who could handle it. So that was what I did. Any task thrown my way I would take. I wouldn’t say no. I kept pushing forward.

I began to lose myself. I would be irritable and moody. I would become anxious, and I started having panic attacks. I felt numb and grey. It was like I stopped living; I was just going through the motions. It was a terrifying feeling, and it was getting worse as the semester

continued. I felt tired, overwhelmed, depressed, anxious, and everything in between. I acted like a light switch. Some days would start off normal and bright, then all of a sudden, the switch would flip, and I was back to being sad. I didn't know what was happening. I have always been a moody person, but this was different. I didn't want to live if I was going to feel like that, but I didn't know how to say that to someone. I knew how bad it sounded, and I knew how bad it would be if the military heard about it. It got to a point where my relationships were being severed. I decided to talk to Alex about how I was feeling. It was intimidating being that vulnerable, but he was the person I trusted the most. He kept it to himself for a little bit, but things started to spiral, and it was starting to affect him. He decided to tell my parents and Captain Holyfield. He did what any other responsible person would do, but I didn't see it that way at first. I was furious. It wasn't his business to tell, but then I thought about if the roles were reversed and how I wouldn't know what to do either.

I was called into Captain Holyfield's office to discuss with her. I told her just enough to give her an idea of what was going on, but it was enough to make her worried. She contacted my mom and told her about Three Rivers Behavioral Health. The psychiatrists there would evaluate me and decide the best course of action.

My mom drove up to Columbia the next day. I didn't know she had talked to Captain Holyfield. I thought she was taking me to breakfast until we pulled into the building of Three Rivers. I wanted to jump out of the car and run, but I didn't want to upset her. It made me feel even worse knowing how worried she was. I complied and answered the nurse's questions about how I was feeling. I decided it was in my best interest to be honest. After a day, Three Rivers contacted me back saying they recommended their out-patient group therapy program. It was a group therapy program meant for people experiencing symptoms of depression and anxiety. It

was meant to teach coping mechanisms and management skills. The group met three times a week for four weeks for three hours each session.

I did not want to go to therapy. I struggle talking about myself and my feelings. I can't formulate them into words, and during the time I was terrified to put them into words. The things I started thinking and experiencing were awful, and I didn't want anybody to hear. However, the decision was no longer up to me. My mom said that I needed to go and learn the skills to heal. She wanted me to have an open mind. I also needed a fast process, and four weeks was not long in the grand scheme of things. I started attending the program on October 16th, 2021.

It is ironic because that first session made me feel more anxious. I didn't know anybody and there was a wide variety of people. The group leader was nice, but she made everyone talk and my goal was to not have to say anything. I spent that first session listening to the other patients and said about two sentences total. I felt so overwhelmed, and claustrophobic given that the building was locked and there were barely any windows. I did not think I belonged there. Some of these people went through extremely traumatic events. My situation felt like nothing compared to them. Ironically, I felt like an imposter with my own symptoms of depression and anxiety. I wanted to drop the program and never come back. Something felt off, but I knew my parents would never go for it, so I continued.

Throughout the first week of sessions, I was not seeing any progress. My mental health was continuing to decline. I began having panic attacks and crying fits where I wouldn't be able to catch a breath. I would cry so hard that I'd be close to throwing up. The smallest things would set me off like I was like a ticking time bomb. I would shake or jitter or twist my hair tie on my wrist because the anxiety manifested itself into physical symptoms. I had to release the energy somehow. That's when the intrusive thoughts snuck their way in. I began to hate what I had

become. I felt like a burden. Everyone was worried about me. They were constantly calling me or texting me or asking if I was ok. I had never had this type of attention, and I did not like it. I did not want people to see me weak. I did not want their help. I could handle things on my own. Then the self-harm started.

Suicide and mental health have become “popular” subjects in recent years. Growing up and learning about it, I could never see myself doing that. We would have lessons in middle school regarding suicide as an effect of bullying. I remember wondering what kind of head space a person would have to be in to consider ending their own life. Fast forward a few years and I started to understand.

I never had the intent to die. I didn’t want to die. I wouldn’t want to do that to the people I loved. I didn’t want to miss out on everything life had to offer, but during those couple months in the fall of ’21, I didn’t feel excited about life. I lost motivation. Life dragged on. I plastered a smile on my face and hid the pain. Rather than dying, I just wanted to go to sleep. I wanted a break, but I also wanted to fight what I was feeling. It was getting in the way of my hopes, dreams, relationships. That is the biggest reason why I decided to continue with the out-patient program and make a change.

After a couple weeks in the program, Captain Holyfield called me into her office. She was asking me how I was feeling, and I told her I was feeling better. I still struggled and had tough days, but I was feeling hopeful, and that was a word I hadn’t used in a long time. She asked me how I felt about going on medical leave. I would essentially be excused from all mandatory AFROTC events. She said it was the commander’s idea. I was grateful to have cadre encouraging me to heal, but I respectfully declined. Sitting on the sidelines would only worsen my anxiety. A few days later I had another anxiety attack/depressive episode. Alex discussed this

with Captain Holyfield and this time she brought it to the commander's attention. I was called back into her office and was told that he put me on MRS, medical recheck status. It is essentially medical probation. Per the orders of the MRS, I had to send in anything medical related to the Air Force. This included prescriptions, session notes, diagnoses, etc. At the end of the probation, the Air Force would decide if I were medically fit enough to remain in AFROTC or if I should be disqualified.

It felt like the beginning of the end. Yes, I was still in the program and participating. Given my mental state, it was hard to be motivated and want to put in effort. Yet, I continued to persevere. I didn't want to let down my team because it wouldn't be fair to them. I had a group of freshmen relying on me, and I wanted to show up for them.

I lost the joy of AFROTC after Field Training because I felt like a fraud. I felt like I wasn't good enough. I didn't think my values aligned with the military's. I felt even more defeated after realizing I was in limbo. I wasn't disqualified, but I knew I was on my way to being disqualified. In the lecture portion of AFROTC, we learn about mental health stigma in the military. I knew the paperwork I was turned into the Air Force was going to come back to haunt me. I knew they wouldn't overlook the things I said I was feeling, regardless of my improvement, because of the stigma.

I had a single conversation with the psychiatrist at Three Rivers. It lasted about ten minutes. In those ten minutes the psychiatrist somehow diagnosed me with major depression disorder and general anxiety disorder. He also prescribed a month worth of Zoloft and Remeron. The diagnoses threw me off. I knew I was experiencing symptoms, but how was someone able to throw around a diagnosis after one conversation, as well as prescribe medicine. I updated my commander and his face dropped. It was alarming and disheartening to see. I told him I wouldn't

take the medication because I didn't want to risk disqualification. He did some research and assured me that those prescriptions were allowed in the Air Force. He encouraged me to do what I needed to do to heal, and everything would be good as new. It would be like someone getting a cast for a broken arm and getting it off a few weeks later. I filled the prescription and began taking what I liked to jokingly call "happy pills." I also decided that to get better I needed to put in actual effort. I changed my mindset about the group therapy. I actively listened. I took notes. I spoke more than two sentences when discussing what was happening in my life. I wanted to be better. I wanted to learn so that I could stay healthy. I wanted to get stronger. I didn't want to feel like a burden. I was tired of being tired. I was tired of being sad. I wanted to fight.

In November I was discharged from group therapy. The only stipulation was that I had to have an individual therapist lined up. The last thing I wanted was to attend more therapy, especially because I had to turn in everything to the Air Force and I didn't want to give them more ammunition against me. However, my mom wanted me to give individual therapy a shot. She got her degree in counseling so she is a big advocate for it and believed that I would like it better than group therapy. I gave her the benefit of the doubt and scheduled an appointment for the first week of December.

I was extremely nervous for the session. I am a tough nut to crack, and I was scared that it was just going to be an hour of silence. To my surprise, it was anything but. The therapist was warm and welcoming. She validated all my feelings. I didn't feel crazy or different when I talked to her. I became sad when she said based off of everything I told her, my whole life story in an hour, she wasn't surprised that I ended up here. It hurt to know that I was hurting myself all these years, even if it wasn't purposefully. Before the session ended, I told her that I would need to send her notes to the Air Force because of the MRS. I asked her if she could keep things vague

as to not worsen my chances of staying in the program. She unfortunately did not look surprised at this request. She said that she was all too familiar with the stigma in the military.

The fall semester ended, and I felt more like myself. There were times when the numb and grey feelings would take over, but I continued to use the coping skills I learned at Three Rivers. I didn't schedule any other therapy sessions after that first individual session because I didn't find them necessary. I was better at regulating my emotions and had become more self-aware. I promised my mom that if things started to get worse, I would schedule another appointment, but for the time being I just wanted to live life.

Two days after Christmas I found out that I was on Top 5 for the upcoming semester of AFROTC. This was a huge promotion, and I was excited for a clean slate. I wanted to show the true potential of my leadership skills and I was ready to put my best foot forward. I began preparing the minute I found out. I made schedules and to-do lists. I started creating organizational processes that would make the semester run smoothly. A little part of me thought that it was pointless putting in all this effort because I was still on "probation," but I was excited to have a purpose again. I was excited to be excited. I hadn't had a fire in me since that last July.

When school started, the nerves began to kick in. The thoughts of doubt started to creep back in. But I remembered how much I prepared over winter break; I was ready. The times where my feelings became too much to bear, I voiced them to Alex. Talking about them wouldn't always make me feel better, but it was a step in the right direction. My first week on Top 5 went well and I was excited for the rest of the semester. I knew it would be stressful, but I had an arsenal of tools to help. And then the day came.

January 18, 2022, my life was flipped upside down. My commander called me into his office, and by the sound of his voice on the phone I knew it wasn't good. In the military, if you

are meeting with a superior you report into their office. You stand in the center of the doorway, knock once, enter, salute, greet, then continue with the meeting. He didn't make me report in. He had me sit down. He took out a piece of paper with a red box containing red letters:

“DISQUALIFIED: ANXIETY, DEPRESSION, SUICIDAL IDEATION.” My mind went blank.

He was talking to me, but nothing was registering. All I could say to him was “yes sir.” I couldn't show emotion in front of him. I couldn't break down. After what felt like an eternity, I went back to my car. And then I broke down. I probably shouldn't have driven home. I remember banging the windows, screaming, yelling, tears streaming out of my eyes.

It was the first Thursday in three years that I wasn't in uniform walking to class. It was the first Thursday in three years that I wouldn't walk to the detachment and prepare for training. I wouldn't be in the cadet lounge playing pool with Alex. I wouldn't walk into the computer lab of the cadet building and have people greet me “what's up Bachmann?” or “Good afternoon, Cadet Lieutenant Colonel Bachmann.”

I knew that I didn't want to drop off the face of the Earth. These were my friends, and they deserved an explanation on why I would no longer be showing up. I asked cadre if I could speak to the upperclassmen during debrief after their training. I showed up to debrief in green leggings, a black sweatshirt, and converse. I sat with my peers all in uniform. When the commander walked in, I popped to attention just as everyone else did, but I no longer had to. It just felt so natural.

The minutes leading up to my announcement made me sick to my stomach. My leg wouldn't stop bouncing. I felt like I was overheating and that I was going to pass out. Alex took my hand, something he wouldn't have been allowed to do in the past when I was still a cadet. Then, it was my time to shine. I stood in front of my cadre, my peers, my closest friends and said

that I was medically disqualified from being in the Air Force. I said that I could no longer attend AFROTC events but that they wouldn't be able to get rid of me that easily. They would see me around all the time. I saw people tearing up and it took everything in me to remain composed. I didn't want to show weakness. I sat back down and listened to the rest of debrief. Then it was over.

After a couple weeks of processing, my mom found an administrative error in my documents that were turned into the Air Force. She said that another patient's name was used in the group therapy treatment plan, showing that I was lumped into a set of symptoms and diagnoses. I brought this information to my commander, and he looked hopeful. Optimistic even. He said that if I write a memorandum asking for an appeal, attach the error, and get a reevaluation it should be enough to send to the surgeon general. I felt that fire again. I was tired of being sad. I channeled my anger into this appeal.

I went to Three Rivers and got a reevaluation from the psychiatrist. I explained to him what happened, and he was shocked. He said he knew of the military's stance on mental health but didn't think I would be disqualified by attending. He reevaluated me and concluded that I didn't even meet the criteria for anxiety and depression. He put in the evaluation that I was fit to serve. I was ecstatic. It felt like things were looking up. I turned everything into my commander, and he said that he should hear back within two weeks.

I was in another period of limbo. It was difficult continuing with the semester watching all my friends continue without me. I felt isolated. Alex would listen and give advice to the best of his ability, but ultimately, he didn't understand what I was feeling or going through. It made me angry and resentful. I got better and listened to everything that people told me to do, yet it

was for nothing. I was punished for wanting to get better. Everything that I had planned was tossed out the window. I didn't just want this appeal to work, I needed it to.

Ten days later I received an email from my commander asking me to meet him in his office. I felt better about getting an email rather than a phone call. It seemed like a good sign. I came to his office and stood in front of his desk; another good sign compared to sitting at his desk. Then he hit me with the "disqualified" again. The commander said my last resort was to request a congressional inquiry into my disqualification, but we both knew those rarely worked. I didn't think it was possible to feel worse than the first time, but it was. I got my hopes too high, and I paid the price. Another "yes sir" and another breakdown in my car.

I was fed up with the military. I didn't want to go forth with a congressional appeal. I had no more fight left in me. I was tired of trying my best and it not being good enough. The remainder of the semester I felt like I was just managing, not living life. I wasn't enjoying it; I was getting through it.

The semester ended and it was time to go back home. I thought being home would be good for me. I had a nanny job to keep me busy and I would spend time with my family. However, my job was a 9-5 four days a week so that rarely left time for family, and when I did have the time, I was too tired to do anything. I found myself managing again. There were times that the grey clouds came rolling back. I never got to as dark a spot as I did earlier in the year, and I didn't want to sink that low ever again, so I talked to Alex whenever things seemed off. After a few weeks into the summer and things weren't getting better, I decided that I needed to make a change.

It was past midnight in late May, and I texted my friend from AFROTC who was passionate and knowledgeable about politics. I asked him if he knew where I should begin with a

congressional appeal. It was the last thing that I thought I would do. I thought I was done, but I couldn't get any closure until I exhausted all my options. I didn't know if being back in the military was what I wanted, but something pushed me towards the congressional. It seemed like the right moment. I worked on my congressional letter for a week before turning it into Congresswoman Nancy Mace.

It is now November 2022, more than a year later. In September I was eligible for an Exception to Policy waiver. The Air Force is hurting for people, so they'll sometimes let disqualified people back in. Three weeks after submitting that waiver, I found out that it failed. The Air Force didn't deem it necessary to let me continue forth because the surgeon general had already looked at my case twice. I never heard back from my congressional appeal.

It has been a weird journey. I have felt so many feelings, and a lot of the time I can't truly pinpoint what they are or where they come from, but I have learned to speak up about them.

I didn't realize how much mental health has impacted my life. I've been anxious ever since my parents' divorce. I craved perfection, and I felt like a failure if I didn't achieve it. I grew up a lot faster than most of the other kids my age. I was responsible for myself, my siblings, and I took on the responsibility of keeping my parents happy during their difficult time. I was and am a people pleaser. I go above and beyond for people. My dad pushed me in the direction of AFROTC, but when I got into it, I ended up loving it. I loved helping people. I loved problem solving and figuring out the best and most efficient solution. I loved learning more about myself and my leadership style. I loved leading a team. The feeling of accomplishing something together is unmatched. AFROTC is cut throat, with the military being obsessed with rankings and everyone being the same. But there is also nothing like the military community. People bond over how tough it can be. So, it's ironic that although everyone knows the impact

the environment can have, there is still a stigma against people speaking out if they are struggling.

Throughout this journey, I have seen a side of the military that is dark and unfair. A side that has created a stereotype that is impossible for a human being to live up to. The military searches for a good soldier. A robotic being who will push down all emotion. Someone who is fit to fight. Someone who will put the mission before the people. Someone who doesn't struggle. But this soldier does not exist.

I was picture perfect on paper. I had the grades, the fitness score, the ranking. Nobody doubted me for a second. Nobody knew how bad I was struggling because I didn't want to be seen as weak. But in my time of "weakness" I came out stronger than ever. There are days I don't think I have anything figured out. There are days where I could just give up on everything. But I am making the conscious decision to keep moving forward, and that's what makes a good soldier.

MENTAL HEALTH STIGMA IN THE MILITARY

Mental health has been an ongoing issue in the United States. Military personnel are extremely affected by mental health issues. There is no discrimination regarding rank, duty, or age. This would come as a shock to most people, that the nation's strongest men and women are affected by mental health just as civilians are. Nobody would know it, however, because military personnel are too scared to admit it.

According to BMC Psychiatry in 2021, the prevalence of depression in active-duty military forces and veterans is 23%. Prevalence is the proportion of a particle population that is affected by a medical condition. In 2020, the Society of Federal Health Professionals conducted a study where the median prevalence of mental health service use for depression among military personnel was less than half. What is the cause of this treatment gap? Why are service members not receiving the care they need and deserve? The answer is quite simple: stigma.

In "The Stigma of Mental Health Problems in the Military" stigma is defined as "a negative and erroneous attitude about a person; it is a prejudice or negative stereotype."¹ There are three types of stigmas: public, self, and structural stigma. Public stigma is the reaction of the public toward mental illness. Self-stigma is how one internalizes and portrays the public's view of mental illness. Structural stigma stems from institutions. Stigma is a driving force in why military members do not seek professional help. They do not want to be perceived as weak or incapable. There is also a risk of losing their career if they seek mental health services. The

¹ Greene-Shortridge, Tiffany, et al. "The Stigma of Mental Health Problems in the Military."

Military Medicine, AMSUS, 1 Feb 2007, <https://academic.oup.com/milmed/article/172>

/2/157/4578015

impact society's perception has on individuals is detrimental to their overall health and well-being.

Military personnel are expected to be leaders, and according to the stigma the military has created leaders do not crack under pressure. This unrealistic expectation for service members to turn off or ignore their emotions is what has led to the mental health pandemic across the military branches. According to the Department of Defense, there were 275 active-duty suicides in 2015. Between 2015 and 2020, the DoD reported that the suicide rate increased by 41.4%. The military is a high stress environment and the only people who truly understand what service members go through are other service members. However, if they do not feel comfortable or safe sharing their feelings, how is this growing problem going to get better?

One of the easiest ways to fight the stigma is to be vocal. Nobody realizes how big of an issue mental health is because it is a very taboo subject. Either, people are afraid of sharing their deepest and darkest thoughts, or others are afraid of hearing them. In 2011, Major Karry Gladen, an executive officer at Scott Air Force Base, broke the trend and shared his story. He goes on to say that he was celebrating two anniversaries: on 30 January 2010 he decided how and when he was going to commit suicide, and on 31 January 2010 he decided he was going to live. He was ignoring his signs of depression and suicidal ideation because of his responsibility to his family and the Uniform Code of Military Justice, the federal law that applies to all service members. After church on 31 January 2010, he realized that not everybody lives like this, and he decided to tell his wife of nineteen years. He willingly admitted himself to a mental health hospital where feelings of shame and led him to think "how did I get here?" But he also learned things along the way. He recounts a memory he'll keep with him forever is a phone call from his commander. His commander had called to congratulate him on his selection to be promoted to major, "...on a

stainless-steel phone with a cord too short to be used as a noose.” Even after his “brink with suicide” he came out on top of his career. He realized the importance of speaking up sooner rather than later. He shared his story to his unit, the Air Force Network Integration Center, and his story is now on the website of Scott Air Force Base. His bravery could save the lives of many other military members who are stuck in their own heads and have nowhere to turn.

People are afraid to speak up because military culture breeds warriors. Warriors embody the military’s core values, but these values interfere with the mental health service culture. One of the Air Force’s core values is “service before self.” An airmen should be willing to sacrifice themselves for their country. Captain Charlotte Holyfield, a prior Operations Flight Commander at the University of South Carolina Detachment 775, often told her cadets that it is “service before self” not “service at the expense of self.” It is important for members in leadership positions to exhibit empathy rather than leading with an iron fist. Emotions are a part of being human and are not meant to be suppressed. The military is very mission focused, but the mission cannot be accomplished if the people are not well enough to do it.

Mental health care providers should familiarize themselves with this military culture. Military culture plays a big role in why members experience mental health issues and why they don’t seek help. In 2007, Clemson University’s psychology department found that 30% troops returning from Iraq experienced mental health issues.¹ These issues are often caused by stressors experienced during combat, such as roadside bombs, deployment, killing the enemy, etc. In Dr. Brown’s HIST 468 class, the American Military Experience, he taught that the invention of PTSD (Post Traumatic Stress Disorder) was after the Vietnam War where it was originally called “Post Vietnam Syndrome.” Vietnam veterans experienced and participated in cruel war tactics and survivors felt an immense guilt from what they did. Dr. Robert Lifton coined the phrase

“survivor mission” where Vietnam veterans had to work towards moving on. This led to the creation of rap sessions where veterans came together to discuss what they went through.

There are circumstances unique to military members, and to be treated properly mental health professionals need to educate themselves on them. An area where mental health care providers could be better trained is university students in the military. Military students are active-duty service members in school, or veterans in school. Military students are more inclined to seek help through their university’s counseling center rather than the Department of Defense or Veterans Affairs hospitals because of the stigma the military associates with mental health problems. The Center for Collegiate Mental Health found that 1.5% of clients at university counseling centers are military students, and 29% of those clients said that their experiences in the military are the cause of their problems.² In a 2014 study consisting of 374 military students, it was found that 22% of those participants experience suicidal ideation.²

Military culture prevents those students from seeking the help that they need. The military emphasizes obedience, strength, courage, and leadership. These values clash with therapy and prevention, the two main components of psychological treatment. Military culture “may unintentionally instill the belief that seeking help for mental health is a sign of weakness.”² Military students will learn coping mechanisms such as emotional detachment and denial instead of seeking help. Prevention efforts are not always accepted by military students because of the

² Ghosh, Arpita, et al. “The Role of Military Culture in Therapy and Prevention: Training Recommendations for University and College Counseling Centers.” *Taylor and Francis Online*, Journal of College Student Psychotherapy, 22 Apr 2020. <https://www.tandfonline.com/doi/citedby/10.1080/87568225.2020.1753608?scroll=top&needAccess=true>.

military culture. Counselors should work towards providing psychoeducation outreach programs specifically tailored towards military students. Psychoeducation can refer to transitional/adjustment activities as well as teaching healthier coping mechanisms. It is crucial for university counselors to immerse themselves in military culture and learn about the experiences that the military puts its members through to provide the best care for their clients.

There is progress being made in fighting the stigma and getting service members the help they need and deserve. One example of this is engaging in peer-led disaster relief programs, like the rap sessions from the 1970s, to aid in thought restructuring. A 2017 study was conducted with veterans who volunteered with Team Rubicon to see how they applied thought restructuring strategies.³ Thought restructuring strategies are used in Cognitive Behavioral Therapy to reduce stigma through empowerment. Researchers have proposed that there are five elements in the perception the military has on mental health: receiving care is a sign of weakness, negative stereotypes, self-blame, uncertainty about signs and symptoms of mental illness, and uncertainty revolving around treatment.³

These elements mitigate stigma within the military. Peer support can tackle these areas of stigma because it normalizes military members' feelings and provides the opportunity to share experiences. Recent studies have found that peer support within disaster relief organizations

³ Kranke, Derrick, et al. "A "Culture of Compassionate Bad Asses": A Qualitative Study of Combat Veterans Engaging in Peer-Led Disaster Relief and Utilizing Cognitive Restructuring to Mitigate Mental Health Stigma." *Best Practices in Mental Health*, vol 13, no 1, 2017, pp 20-33. Proquest, <https://www.proquest.com/scholarly-journals/Culture-compassionate-bad-asses-qualitative-study-docview-2011563970/se-2>.

mimics the military experience without the rigidity and allows military members to restructure their thoughts in an environment they are comfortable in. Thought restructuring allowed the veterans to feel comfortable talking to peers who would understand, they were able to dive deeper into shared experiences which helped to address and manage their symptoms of mental illness, and it provided validation for veterans which encouraged them to seek professional help.

Another example of mitigating stigma within the military is the creation of programs specific to military culture. It was previously stated that the military and mental health cultures have clashing ideals. In 2008, 320 military members completed the culturally sensitive “One Shot-One Kill” (OSOK) mental health prevention program in Iraq.⁴ Military members stationed in Iraq were reluctant to seek help at Army’s Combat Stress Control Center because of its associated stigma. They didn’t want to be perceived as weak. OSOK used an immersion approach where mental health care providers learned about the warrior culture to “gain credibility from soldiers as being able to contribute knowledge and expertise that is consistent with their mission and value system.”⁴ OSOK worked to develop physical skills rather than emotional skills as to not undermine the soldiers’ competence. These skills included restoring sleep cycles, nutrition and fitness education, reestablishing homeostatic baseline functioning, grounding skills, and identifying areas of improvement. More than 90% of participants believed it was relevant to their mission and 93% believed the training seminar improved their personal and soldiering skills.⁴

⁴ Lunasco, Travis, et al. “One Shot-One Kill: A Culturally Sensitive Program for the Warrior Culture.” *Military Medicine*, AMSUS, 1 July 2010, <https://academic.oup.com/milmed/article/175/7/509/4344617>.

Stigma is institutionalized in the military because of the perception that mental health illness is weakness. The military often puts people in situations that cause their mental health to suffer. Whether that be soldiers returning from war, or a parent being separated from their family for a long deployment. The military is stressful and intense, and many people are suffering in silence. There are more people affected by mental health issues than people are aware of because of the fear of speaking up. Rather than isolating their people, the military should work towards creating an environment where discussing mental health and emotions is encouraged and seen as brave.

An enormous amount of pressure is placed on ROTC cadets. ROTC is often referred to as a “4-year job interview.” The different military branches are looking for the top cadets that would make outstanding officers and leaders. This pressure is a leading cause of mental health issues, but instead of addressing the problem the military will punish top performing cadets for showing “weakness.” It is universally understood that military members need to be able to work under stress and pressure. However, they don’t need the added stress of burying emotions. The military is working towards eradicating mental health stigma, but they only enforce it further by punishing people wanting to get better. The military can have a warrior-like environment while promoting a safe space for discussion. Leaders are courageous, brave, and strong. A common denominator of these traits is leading by example. Younger generations understand the importance of mental health, strength, and resilience. It is time for the leaders at the top to do the same.

GENDER STEREOTYPES IN THE MILITARY

There is a clear idea of a type of person that comes to mind when thinking of members of the armed forces. When I think of a Navy Seal, I think of a tall, broad, strong man with tattoos. When I think of a fighter pilot, Tom Cruise comes to mind. Society is programmed to think this way because of the stereotypes that have been put in place. Per the Oxford dictionary, a stereotype is “a widely held but fixed and oversimplified image or idea of a particular person or thing.” There are stereotypes for almost everyone today. One of the more controversial stereotypes includes gender roles. Women are thought to be more feminine possessing attributes such as being emotional, caring, empathetic, and kind. Men are masculine and natural born leaders by being strong and loud. These stereotypes are institutionalized by the military.

The United States Army was created in 1775. It wasn't until 1948, nearly 200 years later, that President Truman signed the Women's Armed Services Integration Act allowing women to serve as members of the military. Yet, the number of women was still restricted to 2% of any branch, and the military could still involuntarily discharge women who became pregnant. Throughout the years, women gained respect and were given more opportunities, but there were still many obstacles in the way of equality.

The main obstacle has been the stereotypes instilled in the military and the resulting bias. Many researchers have taken an interest in how these stereotypes affect the experiences of female military personnel. In 2017 Abigail Perdue, a professor at Wake Forest School of Law, conducted a study at the Virginia Military Institute and surveyed the student body to analyze their thoughts on the integration of women at VMI and their capabilities as leaders.

VMI was the nation's first state sponsored military school established in 1836. VMI emphasized honor and developing character through the application of stress and pressure. They

had a seven-month system in place, known as the Ratline, with the sole purpose being to haze freshmen. Although the harsh training tactics used by VMI were known throughout the country, many women inquired about applying. After an anonymous female high school student was denied admission, she made a formal complaint with the Attorney General. The United States Department of Justice later determined that VMI violated the fourteenth amendment which led to the establishment of the Virginia Women's Institute for Leadership. Women would attend classes at Mary Baldwin College and participate in the ROTC program at VMI. The Air Force ROTC program named a female as the top performing first year cadet, outperforming 127 male cadets. Seeing the progress females made, coeducation was allowed at VMI starting in 1997.⁵

Coeducation was a huge step for women; however, many people underestimate them in positions of leadership. Perdue surveyed 311 male cadets and 53 female cadets to define leadership and apply that definition to the perception of women in leadership. The most common characteristics associated with leadership were honor, integrity, competence, respect, courage, empathy, honesty, selflessness, confidence, intelligence, and discipline. 50.5% of participants believed these qualities were more apparent in men than women. 45.8% of participants believed leadership qualities were equally apparent in men and women, however, 80.3% of male participants believed that men display superior leadership at VMI.⁵ Even though almost half of participants believed both genders showed leadership qualities equally, most male participants

⁵ Perdue, Abigail. "Man Up or Go Home: Exploring Perceptions of Women in Leadership."

Marquette Law Review, vol. 100, no. 4, Summer 2017, pp. 1233-308. *EBSCOhost*,

<https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=a9h&AN=124559245&site=ehost-live>.

believed that men better applied those qualities in leadership positions than women. Where does this gap come from?

The importance placed on physical capabilities creates a natural gap between male and female military members. Fitness test scores provide a way for commanders to rank cadets in military academies or ROTC programs. If someone has a high fitness score, they are often ranked higher than those with lower scores, regardless of leadership capabilities. 97.67% of male cadets participating in the VMI study believed men display superior physical prowess, and physical superiority is often equated to being a strong leader.⁵ Everyone must meet physical standards to be in the military, and yet women are viewed as weaker.

Standards are put in place to be objective and equal, yet the military's standards have created a bigger divide between the genders. For example, the Air Force fitness test is made of three parts: the number of pushups one can do in a minute, the number of sit ups one can do in a minute, and a 1.5-mile run. Scoring varies based on age and gender. To earn a maximum score of 100 as a male under the age of 25 they must do 67 pushups, 58 sit ups, and run 1.5 miles in 9 minutes 12 seconds. To earn the maximum score of 100 as a female under the age of 25 they must do 47 pushups, 54 sit ups, and run 1.5 miles in 10 minutes 23 seconds. To earn the minimum score as a female under the age of 25 they must do 15 pushups, 35 sit ups, and run 1.5 miles in 18 minutes 56 seconds. To earn the minimum score as a male under the age of 25 they must do 30 pushups, 39 sit ups, and run 1.5 miles in 15 minutes 50 seconds.⁶

⁶ Guina, Ryan. "Air Force Fitness Test Scores – under Age 25 – Male & Female." *Officer Assignments*, Officer Assignments, 7 June 2022, <https://officerassignments.com/air-force-Pt-test-score-chart-age-under-25/>.

There is a clear difference in the physical expectations of men and women in the Air Force based off the scoring standards of their fitness test. These standards imply that women are weaker. Women are often mocked and overlooked because they don't have to "do as much" or "work as hard" physically compared to men. The military has created these standards, and yet harp on not discriminating based on gender. They have provided ammunition for women to be labeled weak. As a former cadet in Air Force ROTC, I was able to complete 47 pushups, 54 sit ups, and run a sub-12 1.5-mile run. This is above the minimum standards of a male Airmen, so is it necessary to create two different standards? A solution to minimize this gap is to create one all-encompassing standard that meets the other two in the middle.

As shown by the VMI study, male military members believe that they demonstrate superior leadership qualities compared to women, consequently, women often feel pressure from these gender differences. They feel as if they have to prove their male counterparts wrong. Valerie Fly, an honors economics student at the University of Washington, interviewed four female veterans to see if there was a correlation between discrimination and mental health issues among female military members. They said that the biggest challenge they faced in the military was physical discrimination, and that the biggest reward was overcoming physical stigma. They all felt an overwhelming need to "prove themselves." They felt validation when they were able to prove their counterparts wrong and accomplish different physical aspects of training. Fly found that none of the participants specifically said their gender played a role in gender stress, however they always managed to discuss their gender when answering questions. She believed this subconsciously showed how gender did play into stress. One veteran said that it was the fear of being discriminated against added to mental strain more so than the actual acts of

discrimination.⁷ The idea that women are inferior to men is embedded in most female service members. This male domination can lead to much more than mental problems. In 2021, Michelle Onello, a writer for Ms. Magazine, found that one in ten enlisted female members are sexually assaulted. There is an issue of underreporting in fear that nobody will believe them, or worse, people will blame women for being provocative. Women live with these inequities in the work force based on their gender and it can be tiresome and overwhelming.

Women know that they can do tasks as well, if not better, than men and still can be behind. In the military, tokenism is a common theme. Perdue defined tokenism in her study as the inclusion of a person to represent the views of that group. This token status leads to gender polarization and isolation. There is more pressure put on the members with “token status” because they are often looked down upon. In Perdue’s survey, 72.51% of participants believed women were chosen for leadership positions to promote sexual equality rather than based on merit.⁵ The military is focused on “hitting a quota” instead of focusing on the meaningful participation of women. The *Journal of Social Science* conducted a study in 2001 at Texas A&M to see if stereotypes played a role in evaluation of cadets. When discussing tokenism, they interviewed the 1991 graduate class at West Point and found that only 15% of women felt accepted.⁸

⁷ Fly, Valerie A. “Closer Look at Challenges Faced by Women in the Military.” *MINDS@UW Home*, University of Wisconsin—Stout. Office of Research and Sponsored Programs, 1 Apr 2017, <https://minds.wisconsin.edu/handle/1793/77569?show=full>.

⁸ Boldry, Jennifer, et al. “Gender Stereotypes and the Evaluation of Men and Women in Military Training.” *Journal of Social Issues*, vol. 57, no. 4, Dec. 2001, p. 689. *EBSCOhost*,

Tokenism takes away from the leadership attributes that women possess. Instead of seeing leadership qualities, people see masculine or feminine. In the study conducted at Texas A&M, cadet performance was split into four factors: motivation, leadership, character, and masculine/feminine. They asked 353 male participants and 27 female participants whether each factor correlated more with male or female cadets. They found that the majority of participants believed the ideal female cadet possessed less motivational and leadership qualities than the ideal male cadet.⁸ This leads to the idea of androcentrism, where institutions are centered around men and men are treated as the standard. Male military leaders and their leadership styles become the reference point. If someone strays from the standard, they are seen as weaker or less. People bring different things to the table, but that doesn't mean they should be presumed as less of a leader.

I experienced this firsthand when I attended Air Force ROTC Field Training at Camp Shelby, Mississippi in July 2021. Field Training is meant to bring cadets from across the country together and evaluate their leadership skills in a stressful environment. Cadets are given feedback a week into the training, and then once more at the end. The Field Training Officers (FTOs) take cadet peer evaluations into account, but ultimately the rankings come from the officers. While at Field Training, I felt inferior to the big, tall male cadets in my flight. Being a shorter, quieter female, I knew it would be hard to make a splash. Rather than being over the top and someone I am not, I stuck to my morals and values. I showed empathy and was a big team player. I displayed knowledge in all aspects of the military and spread that knowledge to my flight. I was confident in my decisions even if I felt uncomfortable or unfamiliar. For all the field operations, I

was the medic. My FTO noticed and said that women are always put into that position. I agreed that no male cadets jumped at the opportunity to be a medic, but I also expressed that I liked being able to help my team and I knew strategically that I was not the best shot with a paintball gun and that someone else would be better suited for the position. I didn't shoot because I was scared, I didn't shoot because I know my strengths and weaknesses, as any leader should.

In my final feedback I was told that I was intelligent, compassionate, enthusiastic, and helpful. I scored above a 90 on my fitness test. I kept up with the male cadets in the "confidence course," a giant obstacle course members of the Army use for team bonding and strength conditioning. I believe these are important attributes in a leader, even if they seem feminine. However, I was ranked 500/570 cadets in the encampment.

Rankings, evaluations, and the military's treatment of people in general are not objective. Stereotypes and bias play a huge role. It is hard to break down stereotypes when they have been institutionally instilled since the creation of the military. In ROTC, cadets are taught about discrimination, bias, and stereotypes and how they need to be taken out of the equation. However, there are no real steps being made to fix this issue. Gender roles are not a matter of black and white. There are blurred lines and grey areas. It's important to create standards that don't detract from the capabilities of one group of people. The pressure put on women to "be better" and "step up to the plate" is exhausting and creates burn out. Women are striving to do more and be seen even if they are already meeting standards. The military is known to be stressful, and that isn't what needs to change. What needs to change is the treatment of people. It is the 21st century and discrimination should not be as big of an issue as it is. We need to be better.

CONCLUSION

Had I not been disqualified from AFROTC, I would have been fifth generation military. The military is all I know, and it is an extremely important organization. One shouldn't take what service members do lightly. It is not an easy job, and the United States is lucky to have people that volunteer for the armed forces to protect our freedom. This research is not meant to bash the military or undermine its contributions and its importance. It is meant to spread awareness on certain issues. It is meant to identify that there is a broken system that could use improvements. I may no longer be a part of the military, but the military will always be a part of me. Because of this, I want to speak out and potentially help future service members. Service members look after our country, the least we can do in return is look after them and their well-being.

The military has recognized there is a mental health stigma and that gender stereotypes exist, but they don't realize that these problems are institutionalized. They have made steps in reducing the problem, but there are flaws and more can be done. The Military Health System and Defense Health Agency's website has a portion dedicated to "psychological fitness" and has stated that "mental health is health care." The Air Force, Army, and Navy all have addressed suicide prevention. The Air Force created the "Spectrum of Resilience" to teach Airmen how to take care of themselves and others. The Army established the Suicide Prevention and Response Independent Review Committee in 2022. The Navy requires suicide prevention to be included in general military training. Additionally, the suicide lifeline number has recently changed to 988 and to be connected to the military crisis line the user must only press 1. In 2021, The Department of Defense implemented the Independent Review Commission on Sexual Assault which focuses on accountability, prevention, climate and culture, and victim care and support.

There is also a Women, Peace, and Security Program in place to promote a “...diverse organization with women’s meaningful participation across the Joint Force...”

These are all steps in the right direction, however there is no rule book when it comes to mental health. Everyone processes stress differently, and symptoms can look different on everyone. The military is an organization based on order, procedures, models. It needs to take a step back and remember that it is an organization comprised of people who possess human emotion. Rather than teaching only enlisted members, young officers, and cadets warning signs and what it means to have bias, upper-level commanders need to be learning the same lessons. Change needs to happen from the top down because only so much can be done at the lowest level.

The military will always have high and tough standards. It takes a well-trained soldier to do what needs to be done. However, just because the soldier is strong doesn’t mean that they won’t have moments of doubt, sadness, anger. Military members are people, too. It is unfortunate and unfair that it is 2022 and there is still stigma and bias. Feeling down? Bury it. Feeling inferior? Be louder and more confident. These are not solutions. These are ways to hide the problems that the military often creates. I hope that this research and my story can bring awareness and spark change. A good soldier isn’t one who doesn’t need help. A good soldier is one who can recognize when they are experiencing issues, speak up, and seek the help that’s needed.

MENTAL HEALTH RESOURCES

Suicide and Crisis Lifeline	Call 988
Veterans Crisis Line	Call 988 and press 1
Crisis Text Line	Text HOME to 741741
UofSC Counseling and Psychiatry	Call 803-777-5223
National Alliance on Mental Illness	Go to nami.org
Anxiety and Depression Association of America	Go to adaa.org

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